

# United States Bankruptcy Court

Eastern District of Michigan

In re LaVette R. Gray  
Debtor

Case No. 09-67062

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 10,490.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	2		\$ 7,184.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	7		\$ 159,337.50	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,263.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ -3,268.90
TOTAL		19	\$ 10,490.00	\$ 166,521.50	

# United States Bankruptcy Court

Eastern District of Michigan

In re LaVette R. Gray  
Debtor

Case No. 09-67062

Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

### State the following:

Average Income (from Schedule I, Line 16)	\$ 3,263.00
Average Expenses (from Schedule J, Line 18)	\$ 6,531.90
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 4,624.00

### State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 159,337.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 159,337.50

FILED  
 2009 SEP 11 P 1:36  
 U.S. BANKRUPTCY COURT  
 E.D. MICHIGAN  
 EAST LANSING, MI 48022

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 378747481  IRS KANSAS CITY, MO 64999			2007				5,149.10
ACCOUNT NO. 378747481  IRS KANSAS CITY, MO 64999			2008				72,923.82
ACCOUNT NO. 08110151 CK  PRIORITY COMM CREDIT 28366 FRANKLIN RD SOUTHFIELD, MI 48034			08/2009				5,856.18
ACCOUNT NO. 57911-0  MCLAREN MEDICAL MGT 401 S BALLANGER FLINT, MI 48532			06/2009				210.46
ACCOUNT NO.  PEARL MEDICAL GROUP 20905 GREENFIELD #406 SOUTHFIELD, MI 48075			2008				302.77
Sheet no. <u>3</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 84,442.33
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 09-65312  DM CARE EXPRESS 16032 COLLECTION CTR D CHICAGO, IL 60693			06/2009				150.00
ACCOUNT NO. Z09050720  PARKING VIOLATIONS P.O. BOX 2549 DETROIT, MI 48231			07/2009				70.00
ACCOUNT NO. 5178052327754  CAPITAL ONE BANK P.O. BOX 60024 CITY OF INDUS, CA 91716			02/16/2008				
ACCOUNT NO. 60949  A & G CENTRAL MUSIC 323 E. 11 MILE MADISON HGTS, MI 48071			09/30/2008				148.98
ACCOUNT NO. 906375173  ALLSTATE 75 EXECUTIVE PKWY HUDSON, OH 44237			08/2009				712.28

Sheet no. 4 of 6 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority ClaimsSubtotal ▶ \$  
151,502.50Total ▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 634770719  SPRINT P.O. BOX 4191 CAROL STREAM, IL 60197			08/2009				410.00
ACCOUNT NO. 100011598578  CONSUMERS ENERGY LANSING, MI 48937			08/2009				569.00
ACCOUNT NO. 3075329000015  DTE ENERGY P.O. BOX 740786 CINCINNATI, OH 45274			08/2009				310.00
ACCOUNT NO. 378747481  IRS KANSAS CITY, MO 64999			2009				5,000.00
ACCOUNT NO. 47291-00  OAKLAND CO. DRAIN COM 1 PUBLIC WORKS DR 95W WATERFORD, MI 48328			2009				320.00
Sheet no. <u>5</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 6,609.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 220-0057.300  BOARD OF WATER P.O. BOX 32711 DETROIT, MI 48232			2009				
ACCOUNT NO. 5312813  LJ ROSS P.O. BOX 2317 ANN ARBOR, MI 48106			2009				385.00
ACCOUNT NO. 6019180053435  CONSUMER FIANCE P.O. BOX 960061 ORLANDO, FL 32896			2009				1.00
ACCOUNT NO. 07035395DAH  DEPT. OF ADM HEARINGS 561 E. JEFFERSON DETROIT, MI 48226			2007				280.00
ACCOUNT NO.  							
Sheet no. <u>6</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 1,226.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$ 159,337.50

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 548043000212			03/2009				9,416.08
UNION PLUS CREDIT CARD P.O. BOX 5222 CAROL STREAM, IL 60197							
ACCOUNT NO. 22064085			08//15/2009				1,892.91
CITY OF DETROIT-TRES 2 WOODWARD AVE -120 DETROIT, MI 48226							
ACCOUNT NO. 000521827			08/2009				5,656.17
CITY OF DETROIT-TRES P.O. BOX 67000 DETROIT, MI 48267							
ACCOUNT NO. 4621200019934			06/2009				12,544.49
CITI CARD P.O. BOX 688901 DES MOINES, IA 50368							
ACCOUNT NO. 378747481			2004				12,446.66
IRS KANSAS CITY, MO 64999							
Subtotal▶							41,956.34
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							1:37

Sheet no. 2 of 6 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5491130302882			06/02/2009				2,799.23
AT & T UNIVERSAL CARD P.O. BOX 44167 JACKSONVILLE, FL 32231							
ACCOUNT NO. 5448			02/2007				532.28
GE MONEY BANK 950 FORRER BLVD KETTERING, OH 45420							
ACCOUNT NO. 884671221			12/2007				148.00
ALLIED INTERSTATE P.O. BOX 5023 NEW YORK, NY 10163							
ACCOUNT NO. 22064085			03/2009				6,000.00
WAYNE COUNTY TREAS 400 MONROE - 5TH FLOOR DETROIT, MI 48226							
ACCOUNT NO. 5480430002124			02/2009				9,141.66
NCB MANAGMENT SERV P.O. BOX 1099 LANGHORNE, PA 19047							
Sheet no. <u>1</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 18,621.17
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ \$



In re LaVette R. Gray,  
DebtorCase No. 09-67062  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 06917400188 CITY OF DETROIT P.O. BOX 2549 DETROIT, MI 48231-2549			06/23/2009				410.00
ACCOUNT NO. 6035320491223 HOME DEPOT DES MOINES, IA 50364-0500			01/05/2008				2,715.73
ACCOUNT NO. 1257719 MMB P.O. BOX 130 ST. JOHNS, MI 48879-0130			08/21/2009				70.11
ACCOUNT NO. 6019180053435 FIRST SOURCE ADV. LLC. P.O. BOX 628 BUFFALO, NY 14240			07/22/08				793.84
Subtotal▶							\$ 3,989.68
Total▶							\$

6 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)